

## Fall Risk Assessment Form

Conduct a fall risk assessment on each patient at start of care and re-certification.

Patient Name: \_\_\_\_\_

(Circle one) SOC or Re-certification

Date: \_\_\_\_\_

<b>Required Core Elements</b> Assess one point for each core element "yes"	Points
<b>Age 65+</b>	
<b>Diagnosis (3 or more co-existing)</b> <i>Assess for hypotension</i>	
<b>Prior history of falls within 3 months</b> An unintentional change in position resulting in coming to rest on the ground or at a lower level	
<b>Incontinence</b> Inability to make it to the bathroom or commode in timely manner Includes frequency, urgency, and/or nocturia.	
<b>Visual impairment</b> Includes macular degeneration, diabetic retinopathies, visual field loss, age related changes, decline in visual acuity, accommodation, glare tolerance, depth perception, and night vision or not wearing prescribed glasses or having the correct prescription.	
<b>Impaired functional mobility</b> May include patients who need help with IADLS or ADLS or have gait or transfer problems, arthritis, pain, fear of falling, foot problems, impaired sensation, impaired coordination or improper use of assistive devices.	
<b>Environmental hazards</b> May include poor illumination, equipment tubing, inappropriate footwear, pets, hard to reach items, floor surfaces that are uneven or cluttered, or outdoor entry and exits.	
<b>Poly Pharmacy (4 or more prescriptions)</b> Drugs highly associated with fall risk include but not limited to, sedatives, anti-depressants, tranquilizers, narcotics, antihypertensives, cardiac meds, corticosteroids, anti-anxiety drugs, anticholinergic drugs, and hypoglycemic drugs.	
<b>Pain affecting level of function</b> Pain often affects an individual's desire or ability to move or pain can be a factor in depression or compliance with safety recommendations.	
<b>Cognitive impairment</b> Could include patients with dementia, Alzheimer's or stroke patients or patients who are confused, use poor judgment, have decreased comprehension, impulsivity, memory deficits. Consider patients ability to adhere to the plan of care.	
<b>A score of 4 or more is considered at risk for falling</b>	<b>Total</b>

Clinician's signature \_\_\_\_\_